

Massachusetts Firefighter Service Award

Nomination Form

(Please print or type)

Name of Fire Department _____

Head of Fire Department _____

Name of Nominee _____
Rank First Name Middle Initial Last Name

Nominated for: (check one)

- ☐ Massachusetts Call Firefighter Service Award
- ☐ Massachusetts Career Firefighter Service Award
- ☐ Massachusetts Volunteer Firefighter Service Award

Total Years of Service _____ years

Note: Years of Service must be 20 years or more, calculated in five-year increments.

I, _____ as head of the _____
Fire Department hereby certify that the above named individual is a member
in good standing and is qualified by virtue of length of service as provided for
in the Massachusetts Firefighter Service Award Criteria.

Date _____

Signature _____

* Please photocopy this blank form and use one form for each nominee.